

Monthly Vital Statistics  
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Buyer's Guide to Hospital Emergency Services

The most recent in a series of consumer reports on Missouri's health care system has been issued by the Missouri Department of Health with the release in November of a buyer's guide to emergency department services. The guide is published for each of five regions in the state (see Map 1) to help consumers make informed decisions before the need for emergency treatment arises.

The one hundred twenty-eight community hospitals in the state that have an emergency room are included.

Data came from three sources: an emergency department (ED) survey sent to the hospitals, the Annual Licensing Survey sent by the facilities each year to the Department of Health and a patient satisfaction survey sent to some patients who had visited emergency departments around the state.

Facility Information

Most emergency departments (114 of the 128) are staffed by medical personnel dedicated to ED services 24 hours per day, seven days per week. The remaining 14 hospitals have other arrangements for ED coverage.

Emergency Department Levels range from Level I hospitals which offer the most comprehensive care to Level 4s which offer lifesaving first aid and referral to another hospital where definitive care can be provided. Facilities select their level of emergency care based upon these guidelines. In 1997, hospitals categorized themselves as shown in Table 1.

Trauma centers provide emergency and specialized intensive care to critically ill and injured patients. As shown in Table 2, 33 Missouri hospitals have been designated as trauma centers by the Bureau of Emergency Medical Services in 1997. Level I trauma centers provide total care for every aspect of injury and illness while Level II and Level III trauma centers may transfer some seriously injured patients to Level I facilities.

Of the nine Level I trauma centers, one is in Central Missouri, three are in Kansas City and five are in the St. Louis area. Three of the nine are for pediatric patients only. The Southwestern region has four of the 14 Level II and two of the 10 Level III trauma centers. The closest trauma center of any level to southeastern Missourians is in Farmington which has a Level III facility.

Other facility information that consumers may find useful is that fifty hospitals have "fast-track care" available within the hospital confines to expedite services for urgent or nonurgent patients. The average number of emergency visits to all hospitals in 1995 was 16,559. The range was from a low of 321 to a high of 65,501.

Emergency Services Personnel

Most hospitals (110) have an ED medical director who is board-certified or board-eligible in a specialty, the majority in Emergency Medicine or Family Practice. Thirty-one hospitals do not have a full-time physician on staff who is board-certified or board-eligible in a specialty and twenty hospitals have no full-time ED physician.

The medical director of 126 of the 128 hospitals has Advanced Cardiac Life Support (ACLS) training and 106 of them have Advanced Trauma Life Support (ATLS) training. There are two hospitals where the medical director does not have either type of training.

One hundred eighteen EDs are covered by registered nurses dedicated to ED services 24 hours per day, seven days per week for emergency care and 102 have 100 percent of their ED nurses who have completed ACLS training.

Ninety-eight of the facilities have medical specialists on-call 24 hours per day but there are 39 hospitals with no mental health provider on-call.

The facilities in the Central Missouri region rank lowest of all the regions in this category while the St. Louis area hospitals ranked highest.

Pediatric Capabilities

Seventy-eight of the EDs have a medical director who has completed Pediatric Advanced Life Support (PALS) training and 18 have all of their RNs completing this training. Twenty-nine facilities have ED nurses with no specialized pediatric training. Relatively few hospitals (25) have a full-time or a part-time pediatrician on staff. One hundred-eighteen facilities have special pediatric trays on hand to deal with childhood emergencies and twenty-two of the facilities have a team of medical personnel devoted to the identification and appropriate treatment of children who arrive in the ED with signs or symptoms of child abuse and/or neglect.

The facilities in the Central Missouri region rank lowest of all the regions in this category while the St. Louis area hospitals ranked highest, possibly because two of the three children's hospitals in the state are in this region.

Other Information

Other areas of the guide that could be helpful to those who may seek emergency care are those that tell the consumer about the support that is available from other departments in the hospital such as the 24-hour availability of operating rooms and ICUs. The Southeastern region ranked highest in this support services area and the Central region ranked lowest.

The amount of time spent waiting for services was figured for different types of patients: those who were true emergencies because their illness or injury was life- or limb-threatening and they needed immediate medical attention; those whose illness or injury was not as severe but was time sensitive and they were in need of prompt medical care; and those who were in the emergency room for an illness or injury that was neither life- or limb threatening nor time sensitive. The Southwestern region facilities ranked best in the "waiting time" category and the St. Louis region hospitals ranked lowest.

There is also information about the quality improvement activities undertaken by each facility and about their policies and protocols when triaging patients and treating and transferring those who need specialized care of an intensive nature.

Patient Satisfaction

We used a patient satisfaction survey instrument developed by *The Picker Institute* of Boston, MA. The survey was designed for adult patients so the three children's hospitals in the state were not included. The survey was optional on the part of the facilities, but 113 facilities did participate.

Questions were combined into six groups called dimensions of care. Table 3 shows these groups and how hospitals in the different regions of the state were ranked by their patients. In general, patient satisfaction was high in the Kansas City area which includes Jackson, Clay and Platte counties and in the Central Missouri region and lowest in the Southeast region.

The guide also has sections discussing what every consumer should know, patient rights and patient responsibilities. The ultimate goal of all the consumer guides is to enhance medical care in Missouri. In this series, it is hoped that there will be continual benefits as hospitals, medical personnel and consumers work to improve the quality of care that is available to citizens of our state.

Consumer reports can be obtained by writing the Department of Health, Center for Health Information Management and Epidemiology, Post Office Box 570, Jefferson City, MO 65102-0570, by phoning 573/751-6279 or by fax at 573/526-4102. The cost of each guide is \$3.00.

Table 1		
Level of Emergency Care		
	Number of Hospitals	Percent

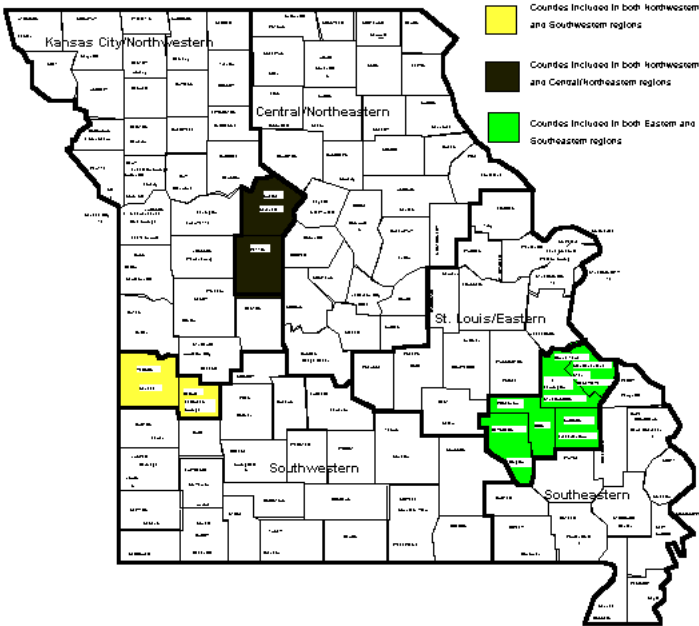
Level 1	15	11.7
Level 2	71	55.4
Level 3	31	24.2
Level 4	11	8.6

Table 2		
Trauma Level Centers		
	<i>Number of Hospitals</i>	<i>Percent</i>
Level I	9	7.0
Level II	14	10.9
Level III	10	7.8

Table 3						
Patient Satisfaction Survey Results						
<i>Dimension</i>	<i>Respect for Patient Preferences</i>	<i>Information and Education</i>	<i>Emotional Support</i>	<i>Access and Coordination of Care</i>	<i>Continuity of Care</i>	<i>Overall Impression of Visit</i>
<i>Region</i>						
Central	Average	Average	Average	High	Average	Average
Kansas City Area	High	High	High	Average	High	High
Northwest	Average	Average	Average	Average	Average	Average
Southeast	Low	Low	Low	Low	Low	Low
Southwest	Low	Low	Average	Average	Low	Average
St. Louis Area	Average	Average	Average	Low	Average	Average
East	Average	Average	Low	Average	Average	Low

Map 1

Buyer's Guide Regions



Provisional Vital Statistics for July 1997

**Live births** increased in July as 6,709 Missouri babies were compared with 6,300 in July 1996. The birth rate increased from 13.9 to 14.6 per 1,000 live births. Cumulative births show a slight increase for January-July and a slight decrease for the 12 months ending with July. The birth rates for the 7-month period ending with July was 13.8 per 1,000 population the same as 1996.

**Deaths** decreased slightly in July as 4,288 Missourians died compared with 4,394 one year earlier. Cumulative deaths for the seven months ending with July show little change in 1997.

The **Natural increase** in Missouri in July was 2,421 (6,709 births minus 4,288 deaths). The rate went up from 4.2 to 5.3 per 1,000 population.

**Marriages** increased in July, but show little change for the cumulative 7- and 12-month periods ending with July. **Dissolutions of marriage** decreased for all three time periods shown below.

**Infant deaths** decreased in July, but increased for the 7- and 12-month periods ending with July. The infant death rate for the 12 months ending in July was 8.1 per 1,000 population compared with 7.3 in 1996.

**PROVISIONAL RESIDENT VITAL STATISTICS FOR THE STATE OF MISSOURI**

Item	July				Jan. July cumulative				12 months ending with July				
	Number		Rate*		Number		Rate*		Number		Rate*		
	1996	1997	1996	1997	1996	1997	1996	1997	1996	1997	1995	1996	1997
<b>Live Births</b>	6,300	6,709	13.9	14.6	42,924	43,393	13.8	13.8	74,053	73,012	13.9	13.9	13.6
<b>Deaths</b>	4,394	4,288	9.7	9.4	32,831	33,017	10.5	10.5	54,441	54,279	10.1	10.2	10.1
<b>Natural increase</b>	1,906	2,421	4.2	5.3	10,093	10,376	3.2	3.3	19,612	18,733	3.8	3.7	3.5
<b>Marriages</b>	4,078	4,694	9.0	10.2	24,873	24,838	8.0	7.9	44,396	44,438	8.5	8.3	8.3
<b>Dissolutions</b>	2,297	1,855	5.1	4.0	15,047	14,459	4.8	4.6	25,797	24,850	4.9	4.8	4.6
<b>Infant deaths</b>	49	33	7.2	5.5	323	352	7.4	8.3	540	595	8.0	7.3	8.1
<b>Population base</b> (in thousands)	...	...	5,359	5,395	...	...	5,359	5,395	...	...	5,301	5,342	5,380

\*Rates for live births, deaths, natural increase, marriages and dissolutions are computed on the number per 1000 estimated population. The infant death rate is based on the number of infant deaths per 1000 live births. Rates are adjusted to account for varying lengths of monthly reporting periods.

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Alternate forms of this publication for persons with disabilities may be obtained by contacting the Missouri Department of Health, Center for Health Information Management & Epidemiology/Bureau of Health Data Analysis, P.O. Box 570, Jefferson City, MO 65102; phone (573) 751-6278. Hearing impaired citizens telephone 1-800-735-2966.